

Boroondara Stroke Support Group Membership Application Form

Title: Mr Mrs Ms Miss Dr Other Unspecified		
First Name:		Surname:
Postal address:		
Suburb:		Postcode:
State:		Date of birth: ____ / ____ / ____
Home phone:		Mobile:
Email address:		
Emergency Contact - First Person:		Surname:
Phone Number:		
Emergency Contact – Second Person:		Surname:
Phone Number:		
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone call <input type="checkbox"/> SMS <input type="checkbox"/> Facebook <input type="checkbox"/> Post/Mail		
I wish to join as: Please tick a box below		
<input type="checkbox"/> Stroke survivor	<input type="checkbox"/> Carer, I care for: _____	<input type="checkbox"/> Health professional Profession: _____ Organisation: _____
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Friends of the BSSG	
Referral source: How did you hear about us?		

Policies and Guidelines

- All members must act in accordance with *Boroondara Stroke Support Group's Statement of Purpose and Rules Act 1981.
- All members must behave in accordance with the *BSSG's Code of Conduct.
- All members must abide by policies for group membership and hub attendance including group guidelines and the Hub Card Use Policy.
- I am aware that misconduct may lead to revocation of membership by the committee at any time.

*Refer to www.bssg.org.au under 'Membership Information'. Copies available at Hub.

Signature:	Date: ____ / ____ / ____
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Photography Consent

The BSSG regularly reproduces photographs of people in its prints and digital publications. This includes but not limited to marketing and promotional material, media releases and articles, educational materials, electronic publications and digital communications, and other communication channels to promote the BSSG services, programs and events.

By signing below, you agree that all images are property of the BSSG and are authorising the use of these images in the media. Your name and identity may be revealed in descriptive text or commentary in connection with the image.

Signature:	Date: ____ / ____ / ____
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Membership

Please forward the application form and annual membership fee of **\$25.00** and donations to the Memberships Officer or email to bssgmemberships@gmail.com or post to:

Sophie Antoniou – Memberships Officer
Boroondara Stroke Support Group
P.O. Box 2260
Hawthorn VIC 3122

Payment options: The BSSG accepts payment by Bank Transfer, Cash, Cheque, CC/EFTPOS. Cheques are made payable to **Boroondara Stroke Support Group**. Our Bank Account details are:

Bank Account Name: Boroondara Stroke Support Group

BSB: 633-000

Account number: 159 151 109

Membership fees are payable upon joining the group and annually in February each year thereafter if deciding to continue membership.

Donations

All donations go toward continuing the work to support everyone affected by stroke in the community.

Thank you for your invaluable support.

Remittance

Payment Type	Amount
BSSG Annual membership (<i>paid at joining then in February each year thereafter if deciding to continue membership</i>)	\$25
BSSG Donation	\$
Total	\$

Payment is made via: (please tick below)
 Bank Transfer Cash Cheque Credit Card/EFTPOS

Card Number: _____ Expiry Date (MM/YY): _____ CVV: _____